



APPLICATION FOR LICENSE ACTIVATION

State Form 47330 (R2 / 11-02)

Approved by State Board of Accounts, 2002

*SOCIAL SECURITY NUMBER

This State agency is requesting disclosure of your Social Security number under IC 4-1-8-1 in order to perform its statutory function. Disclosure is mandatory.

APPLICANT INFORMATION:

In order to reactivate an inactive license during a two (2) year licensure period, the licensee must obtain the six (6) hours of continuing education required by IC 25-34.1-9-11 (1) for that two (2) year licensure period and pay a ten dollar (\$10) fee. The ten (10) elective hours must be shown at the end of the renewal period. You may complete the entire sixteen (16) hours.

INSTRUCTIONS:

1. Complete Sections A and B to activate license with a broker.
2. Complete Section A to reactivate without a broker.
3. Submit fee of \$10.00.
4. All fees are nonrefundable and nontransferable
5. Attach proof of six (6) core hours, or sixteen (16) hours of continuing education.
6. Send to: Indiana Professional Licensing Agency
302 W. Washington St., Rm. E034
Indianapolis, IN 46204
Telephone: (317) 232-2980

☐ Salesperson Activation

☐ Broker Activation

☐ Referrals Only

FOR BROKER ACTIVATION

CHECK ONLY IF APPLICABLE

☐ WILL HOLD MY OWN LICENSE

SECTION A		APPLICANT INFORMATION	
Name of applicant		License number	
Residential address (number and street)		Telephone number ()	
City, state, ZIP code		Date (month, day, year)	
*Social Security number	Signature of applicant		

SECTION B		SALESPERSON'S OR BROKER'S REQUESTED REASSIGNMENT	
The licensed broker for the State of Indiana named below requests the license of the Salesperson/Broker to be reassigned to the requesting broker with full responsibility for Salesperson's/Broker's actions in real estate transactions while in Broker's Association.			
Name of requesting broker		Date (month, day, year)	
Name of company		IB No. only _____ or CO No. _____	
Address (number and street)		Requesting broker's residential address (number and street)	
City, state, ZIP code	Telephone number ()	City, state, ZIP code	
*Requesting broker's Social Security number		Signature of requesting broker	

OFFICE USE ONLY

AB - Associate Broker (broker working for another broker)
IB - Independent Broker (broker **NOT** working for another broker)

NOTE: Licenses cannot be assigned to an Associate Broker.